

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09771791**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58	1					
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71	1					
72						
73						
74		1				
75	1					
76						
77		1				
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81		1				
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85		1				
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88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	36					
TOTAL CLAIMS	39					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS